Lessons From the Practice

The Man Who Would Not Die

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It started 15 years ago when I attempted to take a cyst from Captain Bobczynski's left earlobe. I was a second-year surgery resident, he a retired Navy captain famous for firing the torpedo spread that sank the Japanese ship *Shinano* during World War II. After the war, our families lived next door to each other during my childhood but separated when the patriarchs, both Navy captains, were reassigned. Now we were thrown together again by one of the mysterious quirks of fate so common in the Navy and in medicine.

It seemed reasonable to drop by his house and exercise my mediocre surgical talents and poor judgment, attempting to remove the cyst as the Captain sat stoically at his kitchen table. As a more mature surgeon might have anticipated, the cyst ruptured and the wound became infected. I made daily house calls to pack the wound and assuage my guilt for good intentions gone awry.

Over the next five years, the Captain developed a number of serious medical problems, born of a life at sea, nourished by cigarettes, and dictated by unfortunate genetic markers. His house was on my way home from work, and it became natural to drop by and manage these problems. On one of these calls, I asked him if his chest pain was any different in its nature or frequency. I had been controlling his angina with the usual drugs. He said, "No," but his wife, always parsimonious with words, contributed, "That's not true, honey, it is now waking you up at night!" Two weeks later the Captain had a four-vessel bypass for unstable angina.

He began a difficult recovery in the hospital, marked by a profound depression that even his family could not penetrate. Armed with family support, he elected to return home despite severe residual lung damage, heart failure, and wound pain. Again I was challenged with repeated house calls whose function seemed to be more observation than therapy. I found myself quoting Sir William Osler, the Father of Medicine: "The purpose of the physician is to amuse the patient while nature effects the cure."

Over the next ten years, the Captain developed one serious medical problem after another. He suffered transient ischemic attacks, recurrent infarctions requiring a pacemaker, and renal failure requiring dialysis. During these episodes, I continually marveled at the strength of the Captain's faith.

Several months ago an extraordinary event occurred. Because of outside interests I was spending less time in hospitals but had, for the first time in about two years, exchanged duties with a partner and was working in the hospital emergency department. About ten minutes after entering the hospital I heard the awful alarm followed by "Code Blue, Code Blue, 4 west, room 423." I ran to the room to find the staff working on an elderly dialysis patient who had been found dead sitting in his chair. The patient was now completely blue—a long time without a heartbeat or oxygen. As I removed the therapist's mask to begin intubation, I recognized the Captain. He was in the hospital to revise yet another complication in the shunt used for his dialysis. Just as I told all to stop the procedures, that his living will was well known to me, and he did not desire heroic measures, the nurse shouted, "All clear," and shocked his heart back to life. His pacemaker was working; his blood pressure was normal; he was comatose, and, by all criteria, brain dead. I called his wife who thanked me for "being there." After cautioning her to return to the hospital, I went back to the room to listen to his labored respirations despite positioning and suction. The Captain and I had discussed such matters before, and I knew that he would want to take his last breaths without obstruction if possible. I began to intubate him only to find that the cause of the arrest was a huge piece of luncheon veal wedged in his throat.

I thought my actions had delayed any chance he had for survival and had condemned him to the remainder of life in a vegetative state. There are few things that can shake a veteran of nearly two decades in a major trauma center, but this did. I left orders for his wife to see me as soon as she arrived and went to the emergency department. Thirty minutes later, a nurse brought incredible news. The Captain was sitting up and asking, for the first time in a year, to be taken to dialysis. After my shift, I went to his room and confessed what had happened. He looked at me with vague interest and said, "Remarkable, isn't it?"

Last month the Captain stopped his dialysis. His hulking frame had been reduced to a shell that had to be carried from bed to commode and back. He spoke little but understood everything. I went to see him at home to arrange for contingency plans to prepare for the inevitable. I found myself kneeling beside his bed, babbling about the role he had played in my life, what he had taught me. I had learned how not to tell patients what was best for them, but to inform them of the choices and the likely risks and results of procedures. I had learned how to make true house calls using all pieces of the environment in which patients lived and dealt with their condition. I had learned the wonderful feeling of respect and trust that family doctors in years past must have known. Perhaps most important, I began to appreciate how powerful a force my counsel could be, given that respect and trust, and to know how weak it really was when compared to the trust and faith this devout man found in his God.

The Captain died in his sleep several days later, a smile on his face, leaving a legacy of trust and belief that today gives

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the lie to so much of our materialistic grasping. This man, this strong man, who had sent the largest warship ever built to a watery grave, left a wife and seven children with extraordinary talents and convinced a bevy of doctors that there is still a mandate for loving care for our patients.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

JONATHAN E. RODNICK, MD
STEPHEN J. McPHEE, MD
Assistant Editors

DEAR JOHN LETTER TO MY UTERUS

Dear Uterus,

We've not been formally introduced.
Oh, well.

Who wants to meet a lover at a funeral?

Old cozy blanket, fuzzy mitten, coffee pot

simmering behind my stomach wall,
out of sight,

like my cousins in Oklahoma
like my pink angora sweater

misshapen in a trunk.
I've been happy knowing you're there.

Thank-you for cooking up my children.
I forgive you for letting one slip by.

But, lately you've become a nuisance,

like a dog who won't quit licking,
a too precocious child,

a lingering houseguest.
Like a sailor on leave,
you're a creature of excess.

I won't spell it out.
You know what you've been doing.

There, I feel better, this clears the air.
Must close, so long now, job well done,

all things considered, it's been fun.

DONNA HILBERT©
Cerritos, California

TELL ME, DOCTOR

What will the test determine?
Winds wash all my houses.
What will the lab report?

The girl preparing the slide
Has sculptured eyes.
Her cheekbones are not human.

I am transparent, except
For aquamarine paper.
I display myself.

I am not alarmed.
You are precisely pleasant,
As I had hoped.

There is a polar sun
Where I have spread my legs.
I have come iced for you.

Tell me the truth.
Your files are locked.
Here I am all my sins.

Make me a speech.
Let me rain unrecorded.
Bill me for bucketing.

Soon I'll be safe.
The truth is negative.
You tell me so.

The rain retreats.
My powers return.
I become a name you speak.

Now I am visible.
Ready to lose.
Your girl ghosts by.

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